## FEC FORM 1

Only

## STATEMENT OF ORGANIZATION

RECEIVE

| •                               | 4 NAME OF   | (0) 1 1                    |   | processing file Hall Indiana Sept. 111 7. 20 |
|---------------------------------|---|----------------------------|---|--|
| •                               | 1. NAME OF<br>COMMITTEE (in full)   | (Check if name is changed) | Example: If typing, type over the lines.                                      | 12FE4M5 CENTER                               |
| l                               | BILLL BARRON FOR US CONGRESS 12014  |                            |   |  |
| . [                             |   |                            |   |  |
| . /                             | ADDRESS (number and street)   | 17,69, HARR                | ISION AVE   |  |
| M                               | (Check if address is changed)   |                            |   |  |
| 296                             | •   | CITY A                     | E CITY  |  |
| M                               | COMMITTEE'S E-MAIL ADDRESS  |                            |   |  |
| M (Check if address is changed) |   |                            | <u>, , , , , , , , , , , , , , , , , , , </u>                                 |  |
| <b>4</b> 0                      |   | Optional Second E-Mail     | Address   |  |
| <del></del>                     |   |                            |   |  |
|                                 | COMMITTEE'S WEB PAGE ADI  ✓ (Check if address is changed)   | •                          | 10101210114.1C101M  |  |
| 2                               | 2. DATE 0.4 2.7 2014  |                            |   |  |
|                                 | 3. FEC IDENTIFICATION N   | JMBER ▶ C                  | 00517482  |  |
| 4                               | 4. IS THIS STATEMENT  | NEW (N) OR                 | X AMENDED (A)   |  |
| i                               | I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.  |                            |   |  |
|                                 | Type or Print Name of Treasure  | B:11 B                     | arron   | •  |
| ;                               | Signature of Treasurer  | R                          | Br  | Date 04 27 2814                              |
| 1                               | NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.  ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. |                            |   |  |
|                                 | Office<br>Use   |                            | For further information<br>Federal Election Commiss<br>Toll Fine 800-424-9530 |  |

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